MassMutual Ascend
Life Insurance Company

IRA Charitable Distribution form

Fixed and fixed-indexed annuities: PO Box 5420, Cincinnati OH 45201 / 800-854-3649 / 800-482-8126 Fax / Processing@mmascend.com
Registered index-linked annuities: PO Box 5423, Cincinnati OH 45201 / 800-789-6771 / 800-807-9777 Fax / RILAProcessing@mmascend.com
Overnight Address: 191 Rosa Parks Street, Cincinnati, OH 45202
Website: MassMutualAscend.com

To help ensure your request is processed timely and accurately, please print clearly **and only in the spaces provided. Do not write outside of the boxes.**
If you need to provide additional information, please use the special instructions section of this form. ***Any data written outside of the form section boxes, will not be used in the processing of your transaction.***

Contract Number

Contract Owner Information (or Annuitant/Participant for Group Contracts)

First Name | Middle Initial | Last Name

Social Security Number ***No dashes*** | Email

If you provided an email above or we have an email address on record, you will receive status updates. Email notifications will be sent from no-reply@mmascend.com. Please remove this address from your list of blocked senders.

New Address/Phone (if applicable) ***Only complete if new information.*** *We will update our records to reflect what is entered.*

Street

City | State | Zip

Home/Business Phone Number ***No dashes*** | Cell Phone Number ***No dashes***

Amount of Distribution to Charity from the Annuity Contract (select only one)

All withdrawals will include the contract's penalty free amount, if available. The minimum partial withdrawal amount is $500.00 net of contract charges. The maximum amount cannot reduce the surrender value below the policy minimum value as stated in the contract. The actual amount paid could be less than requested due to other limits imposed by the contract.

Please note: All withdrawals requested by this form will be made to the charity or charities identified below. If you would like any portion of your Required Minimum Distribution paid to you, please complete and sign our standard RMD Withdrawal form and return for processing. If your request for a charitable distribution is processed before your RMD withdrawal, it will reduce the amount of your RMD withdrawal.

If the partial withdrawal amount from annuity contract is unclear, we will default to a net withdrawal:

☐ Withdrawal for contract's RMD remaining for the current year, net of charges, as calculated by the Company.

☐ Gross withdrawal before all charges and adjustments $ _____

☐ Net withdrawal after all charges and adjustments $ _____

Allocation of Distribution to Charity

List all charities to share in this distribution. A maximum of five charities is permitted. If the total percentages or amounts do not equal the amount withdrawn, we will adjust proportionally. If a charity's address is not provided, the check payable to the charity will be sent in care of the contract owner's address of record.

	Percentage of Withdrawal or Dollar Amount		Charity Name / Mailing Address
1.		**Charity Name**	
		Mailing Address	
		City, State, Zip	
2.		**Charity Name**	
		Mailing Address	
		City, State, Zip	
3.		**Charity Name**	
		Mailing Address	
		City, State, Zip	
4.		**Charity Name**	
		Mailing Address	
		City, State, Zip	
5.		**Charity Name**	
		Mailing Address	
		City, State, Zip	

Special Instructions

Please use this section only for any additional information we need to process your transaction.

Owner/Annuitant/Participant Certification and Authorization

I understand that:

- Withdrawals may adversely affect any benefits under a living benefit rider or a death benefit rider. A charitable distribution will be an excess withdrawal under a living benefit rider if you have not started living benefit payments or the charitable distribution exceeds the available benefit. A charitable distribution will always be an excess withdrawal under a death benefit rider. An excess withdrawal will generally reduce rider benefits by more than the amount withdrawn.
- A charitable distribution will reduce the amount of any automated RMD payment(s) to be made later in the year.
- An early withdrawal charge and market value adjustment may apply to any amount withdrawn that exceeds the available free withdrawal allowance. An automated RMD payment is generally exempt from any early withdrawal charge or market value adjustment, but an automated RMD payment cannot be paid as a charitable distribution.
- Due to contract terms and tax laws, once the funds have been distributed the funds cannot be returned nor the withdrawal transaction reversed.
- Federal and state income tax withholding will not apply to any amount paid to a charity.
- Pursuant to the transaction requested, the Company may use a third party service provider to verify your identity.

I agree and certify that the Company is authorized to process this withdrawal request, and will hold the Company harmless against any and all claims made by reason of its compliance with this request.

I understand it is my responsibility to confirm the charities listed are a qualified charitable organization and the amounts distributed for this tax year are in line with regulations and limits.

Signature of Owner/Annuitant/Participant

Date (MM/DD/YYYY)

Signature of Power of Attorney(s)/Authorized Representative(s) signing on behalf of Owner/Annuitant/Participant

Date (MM/DD/YYYY)

For requests signed by a Power of Attorney (POA):

- Provide a copy of the POA document. The POA Certification (form AAG2816) must also be completed or on file.
- Payments can only be made to an account where the person who gave the POA is a named owner of the account.
- Payments will be made to the Principal (or transferred, rolled over, exchanged or deposited for his/her benefit) and not to or for the POA.

Log into **MassMutualAscend.com** if you need the POA form.

Signature Notarization or Signature Guarantee (if applicable)

Your signature on this request must be notarized or signature guaranteed below if you purchased your contract electronically with an electronic signature and you have not previously submitted a notarized or guaranteed signature, or as requested by the Company.

Option 1: Notarized Signature

State of

County of

Date (MM/DD/YYYY)

This IRA Charitable Distribution Form was acknowledged before me on

Name of each person acknowledging his/her signature to the Notary

by

Signature of Notary Public

My Commission expires (MM/DD/YYYY)

Seal

Option 2: Signature Guarantee

SIGNATURE GUARANTEED BY: Stamp or Seal of Eligible Guarantor Institution with Authorized Signature

You may have signature guarantee provided by a bank, savings and loan association, trust company, credit union, broker/dealer or any other "eligible guarantor institution" as defined under the rules adopted by the Securities and Exchange Commission. These institutions often participate in signature guarantee medallion programs such as the Securities Transfer Agent Medallion Program (STAMP).